

Oregon

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

UNITED STATES DISTRICT COURT

for the

District of _____

Division _____

*3D
MC*John R C Murray

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Case No.

6:24-cv-00042-AA

(to be filled in by the Clerk's Office)

Jury Trial: (check one)

 Yes NoBlack Rose Auto

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Address

Johnnie E Murray
450 OR-99
Ugine OR 97402
City State Zip Code

County

Telephone Number

E-Mail Address

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Job or Title (if known)

Address

Black Rose Auto. & Accs.
Auto Shop & Detailing,
3436 Olympic St.
Springfield OR 97478
City State Zip Code

County

Telephone Number

E-Mail Address (if known)

Lane,
541-344-0115 / 541 835-8612

Individual capacity Official capacity

Defendant No. 2

Name

Job or Title (if known)

Address

Trustee.
Owner.
3436 Olympic St.
Springfield OR 97478
City State Zip Code

County

Telephone Number

E-Mail Address (if known)

Lane,
541-835-8612 / 541-344-0115

Individual capacity Official capacity

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

Defendant No. 3

Name _____

Job or Title (*if known*) _____Address _____

City _____

State _____

Zip Code _____

County _____

Telephone Number _____

E-Mail Address (*if known*) _____ Individual capacity Official capacity

Defendant No. 4

Name _____

Job or Title (*if known*) _____Address _____

City _____

State _____

Zip Code _____

County _____

Telephone Number _____

E-Mail Address (*if known*) _____ Individual capacity Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*): Federal officials (a *Bivens* claim) State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

*five labor act.
8th amendment.*

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur?

Lane County.

B. What date and approximate time did the events giving rise to your claim(s) occur?

10.2022 / 12. 2022.

C. What are the facts underlying your claim(s)? (For example: *What happened to you? Who did what? Was anyone else involved? Who else saw what happened?*)

The owner of the shop keep my tools. All my property's.

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

lose of wages, life, family, ect
Son put up for Adoption.

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

~~Wages~~, Monetary, 1,000.00
~~Punitive~~, Punative, 5,000.00

VI. Certification and Closing

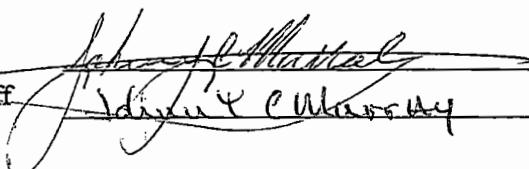
Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 1.6.2024

Signature of Plaintiff



Printed Name of Plaintiff

Jessica Murray

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF _____

JD
MC
AA

John C. Murray Petitioner
and
Black Rose Arts Respondent

Case No: 6:24-cv-00042-AA

CERTIFICATE OF SERVICE

(ORCP 7D(2))

(a) Personal Service
 (b) Substitute Service
 (c) Office Service
 (d) Service by Mail

I, (name) John C. Murray, declare that I am a resident of the state of _____ . I am a competent person 18 years of age or older. I am not a party to or lawyer in this case, and not the employee of a party. I certify that the person served is the person named below. I served true copies of the original (check all that apply):

Petition and Summons
 Information about mediation
 Notice of Confidential Information Form (CIF) Filing
 Notice of Statutory Restraining Order Preventing Dissipation of Assets
 Order to Show Cause re: Modification with Motion and Declaration
 Information about continuing insurance coverage (COBRA)
 Uniform Support Declaration
 Other information provided by the court clerk (name all forms or documents served) _____

 Other (name all forms or documents served) _____

by (check a, b, c, or d and complete all information):

(a) Personal Service on (date) _____ , at _____ a.m./p.m., to
{ Petitioner Respondent} (name) _____ in person at the
following address _____ in the
County of _____ , State of _____ .

(b) Substitute Service on (date) _____ , at _____ a.m./p.m., by
delivering them to the following address _____
in the County of _____ , State of _____ . Delivered to (name) _____
who is a person age 14 or older and who lives there.

(Complete the section below only if the server also did the follow-up mailing required by ORCP 7D(2)(b). If a person other than the server did the follow-up mailing, that person must complete a separate Certificate of Service Mailing.)

On (date) _____ , I personally deposited a true copy of the same
documents served with the U.S. Postal Service, via first class mail, in a sealed envelope, postage
paid, addressed to the party to be served: Petitioner Respondent (name) _____

, at the party's home address listed above, together with a statement of the date, time and place that the documents were hand-delivered to the party's dwelling (residence).

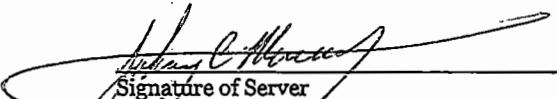
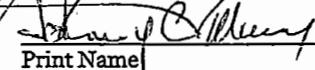
(c) **Office Service** on (date) _____, at _____ a.m./p.m., by delivering them to the office of the party to be served, located at: (address) _____, during normal working hours for that office, where I left the documents with (name) _____, who is a person apparently in charge, to give the documents to the party to be served. (Complete the section below only if the server also did the follow-up mailing required by ORCP 7D(2)(c). If a person other than the server did the follow-up mailing, that person must complete a separate Certificate of Service Mailing.)

On (date) _____, I personally deposited a true copy of the same documents served with the U.S. Postal Service, via first class mail, in a sealed envelope, postage paid, addressed to the party to be served: Petitioner Respondent (name) _____, at the party's: home address at: _____, OR business address above, together with a statement of the date, time and place that the documents were hand-delivered to the party's office.

(d) **Service by Mail, Return Receipt Requested** on (date) _____. I personally deposited two true copies with the U.S. Postal Service. One by first class mail, and the other by certified or registered mail, Return Receipt Requested, or by express mail, postage paid, addressed to the party to be served: Petitioner Respondent (name), at the party's home address located at: _____ (address). (NOTE: If mailed Return Receipt Requested, the return receipt must be attached to this Certificate of Service.)

I hereby declare that the above statements are true to the best of my knowledge and belief, and that I understand they are made for use as evidence in court and I am subject to penalty for perjury.

1.8.2024
Date


Signature of Server

Print Name

If person serving is NOT a sheriff or sheriff's deputy, address and phone number of server:
